



## **CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION MAY 2003**

AIDS Read 1999 Jan-Feb;9(1):53-6

Initiatives to promote adherence in HIV-infected patients.

Reynolds NR.

College of Nursing, Ohio State University, Columbus, Ohio, USA.

Potent antiretroviral drug regimens have provided new opportunities to treat patients with HIV disease effectively. Yet, the true potential of the combination therapies can be realized only if people living with HIV adhere to the difficult treatment regimens. Even brief intervals of suboptimal dosing may allow activation of viral replication and development of drug-resistant strains. Maximizing adherence and achieving the full potential of the antiretroviral therapies in practice settings demand multidimensional initiatives that address complex behavioral and biomedical issues.

PMID: 12728885 [PubMed - indexed for MEDLINE]

Am J Med Qual 2003 Mar-Apr;18(2):59-65

Do hospitals with lower mortality have higher patient satisfaction? A regional analysis of patients with medical diagnoses.

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Although patient satisfaction is a widely used indicator of quality, relationships between satisfaction and other indicators are poorly studied. The current study examined hospital-level correlations between patient satisfaction and severity-adjusted mortality for 29 hospitals in northeastern Ohio during 1993-1997. Satisfaction with 6 dimensions of care was measured using a validated survey of 42,255 randomly selected patients with medical diagnoses.

Severity-adjusted mortality rates were determined for 200,562 consecutive patients with 6 high-volume medical diagnoses. Analyses found that satisfaction scores were inversely correlated with mortality rates. For the cumulative 5-year period, correlations were significant or of borderline significance for 5 of the 6 dimensions (coordination [R = -0.40; P = .03], discharge instructions [R = -0.39; P = .04], overall quality [R = -0.38; P = .04], information provided [R = -0.37; P = .05], and nursing [R = -0.35; P = .06]). The correlation was weakest for physician care (R = -0.07; P = .72). These findings indicate that hospitals with higher patient satisfaction also tended to have lower severity-adjusted mortality. Associations were strongest for dimensions of satisfaction measuring patient communication, coordination of care, and nursing care and weakest for physician care.

PMID: 12710554 [PubMed - indexed for MEDLINE]

Am J Public Health 2003 May;93(5):742-8

Socioeconomic status and dissatisfaction with health care among chronically ill African Americans.

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Addressing differences in social class is critical to an examination of racial disparities in health care. Low socioeconomic status is an important determinant of access to health care. Results from a qualitative, in-depth interview study of 60 African Americans who had one or more chronic illnesses found that low-income respondents expressed much greater dissatisfaction with health care than did middle-income respondents. Low socioeconomic status has potentially deadly consequences for several reasons: its associations with other determinants of health status, its relationship to health insurance or the absence thereof, and the constraints on care at sites serving people who have low incomes.

PMID: 12721135 [PubMed - indexed for MEDLINE]

Arch Intern Med 2003 Apr 28;163(8):909-12

Patient attitudes toward continuity of care.

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BACKGROUND: Concern has been raised about managed care's effects on continuity of patient care, but little is known about how much value patients place on continuity. METHODS: We surveyed 2500 adult patients of a large New England health maintenance organization about their attitudes toward continuity and their willingness to spend additional time or money to maintain continuity with their primary care physician (PCP). RESULTS: Among the 1171 (46.8%) of patients responding, 460 (39.6%) of 1162 patients had had more than one PCP in the previous 5 years. Nearly all patients (1068 [91.5%] of 1167) rated continuity as very important or important; only 26 (2.2%) rated continuity as unimportant or very unimportant. However, only 256 (22.2%) of 1152 patients were willing to drive more than 60 minutes to maintain continuity with their PCP, and only 200 (18.2%) of 1096 would be willing to spend an additional \$20 to \$40 per month to maintain it. In multivariable analyses, patients were more willing to drive if they were nonwhite (odds ratio [OR], 2.3; 95% confidence interval [CI], 1.4-3.6), older than 50 years (OR, 1.7; 95% CI, 1.2-2.4), or had less than a college education (OR, 1.6; 95% CI, 1.2-2.2). Patients who had been forced to change PCPs when their physician moved away were less willing to drive (OR, 0.5; 95% CI, 0.3-0.8) or spend more money (OR, 0.7; 95% CI, 0.5-1.0) to maintain continuity. CONCLUSIONS: Most patients in this sample indicated that continuity of care was important to them, but reported being unwilling to spend much additional personal time or money to maintain continuity with their current PCP. Nevertheless, an important subset of older and more vulnerable patients reported being more willing to pay to maintain continuity.

PMID: 12719199 [PubMed - indexed for MEDLINE]

Arthritis Rheum 2003 Apr 15;49(2):193-9

Validation of a novel satisfaction questionnaire for patients with rheumatoid arthritis receiving outpatient clinical nurse specialist care, inpatient care, or day patient team care.

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**OBJECTIVES:** To develop and validate a questionnaire for measuring satisfaction with different forms of complex multidisciplinary care in patients with rheumatoid arthritis (RA). **METHODS:** The satisfaction questionnaire (score range 0-100) comprised 28 items covering 11 domains. Together with a visual analog scale (VAS, range 0-100) on overall satisfaction, the questionnaire was applied in 210 RA patients who participated in a randomized trial comparing 3 types of multidisciplinary care. **RESULTS:** The questionnaire was returned by 174 patients (83%). The questionnaire and VAS scores in the total group were 75 (SD 12) and 83 (SD 20), respectively. Reliability analysis showed Cronbach's alpha of the questionnaire was 0.91. Spearman's correlation coefficient between the satisfaction questionnaire score and VAS score was 0.58 ( $P < 0.01$ ). Mean total satisfaction questionnaire scores were 72 (SD 9), 76 (SD 14), and 78 (SD 11), in the nurse specialist, inpatient and day patient groups, respectively (nurse specialist versus day patient,  $P = 0.004$ ). Significant differences between nurse specialist and day patients were seen in the following domains: waiting time during the treatment, autonomy, coordination, non-financial access, and quality of general information (all  $P < 0.05$ ). **CONCLUSION:** Overall, patients were highly satisfied with the multidisciplinary care they received. Major differences regarding the organization of care were reflected in the results of the questionnaire scores. The satisfaction questionnaire appears to be a useful instrument for measuring satisfaction with complex multidisciplinary care in RA patients.

Publication Types:

Clinical Trial

Randomized Controlled Trial

Validation Studies

PMID: 12687510 [PubMed - indexed for MEDLINE]

BMJ 2003 Apr 19;326(7394):877-9

Methods for incorporating patients' views in health care.

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Publication Types:

Review

Review, Tutorial

PMID: 12702627 [PubMed - indexed for MEDLINE]

BMJ 2003 Apr 19;326(7394):863-4

Limits to patient choice: example from anaesthesia.

Markham R, Smith A.

Department of Anaesthesia, Royal Lancaster Infirmary, Lancaster LA1 4RP.

Publication Types:

Review

Review, Tutorial

PMID: 12702623 [PubMed - indexed for MEDLINE]

Br J Nurs 2003 Mar 13-26;12(5):268

Comment in:

Br J Nurs. 2003 Mar 27- Apr 9;12(6):344.

Nurses are to discuss living wills with elderly patients.

Scott H.

Publication Types:

Editorial

PMID: 12682592 [PubMed - indexed for MEDLINE]

Br J Nurs 2003 Mar 13-26;12(5):311-20

Autonomy, privacy and informed consent 4: surgical perspective.

Scott PA, Taylor A, Valimaki M, Leino-Kilpi H, Dassen T, Gasull M, Lemonidou C, Arndt M.

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This is the fourth article in a four-part series that considers the issues of patient autonomy, privacy and informed consent. The article discusses these issues in the context of surgical patients and their nurses. There is an abundance of references to issues of autonomy and informed consent within the healthcare literature, although there are few empirical studies investigating these issues within practice. The issue of privacy has been somewhat less explored than that of autonomy or consent, particularly in the UK literature. This article reports the findings of a Scottish study that formed part of a multisite comparative study funded by the European Commission. A convenience sample of surgical patients (n = 282) and their nurses (n = 260) participated in the study. Data were collected by means of a self-completion questionnaire for both patients and nursing staff. Results indicated that there are significant differences in patient and staff perceptions on issues of patient autonomy, privacy and informed consent. However, the most marked difference in perceptions of patients and staff were found on the information-giving element of the autonomy subscale. Implications for nursing practice, education and research are highlighted.

PMID: 12682599 [PubMed - indexed for MEDLINE]

Cancer 2003 May 1;97(9):2327-33

Patients' willingness to participate in symptom-related and disease-modifying research: results of a research screening initiative in a palliative care clinic.

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**BACKGROUND:** The growth of cancer symptom management research has been limited by challenges of slow recruitment and under-enrollment. One potential solution to this problem is the use of screening questions that identify patients who are interested in participating in research. The goal of this study was to evaluate this strategy in patients with cancer. **METHODS:** Two screening questions (for symptom management research and disease-modifying research) were integrated into the intake process of the palliative care clinic of an urban Veteran's Administration medical center. A chart review was conducted to extract patients' reported willingness to be recruited for research, explanations for their responses, demographic data, Memorial Symptom Assessment Scale Global Distress Index (GDI) subscale scores, and Eastern Cooperative Oncology Group performance score. **RESULTS:** Charts were reviewed for the first 100 patients seen for a palliative care clinic visit, 86 of whom had cancer. Patients were less likely to be interested in symptom-related research than in disease-modifying research (32 of 86 [37%] vs. 46 of 86 [54%]; sign test,  $P = 0.009$ ). Patients' interest in each type of research was associated moderately ( $\kappa = 0.41$ ;  $P < 0.001$ ). Independent predictors of interest in symptom management research included

younger age, white race, and a lower GDI symptom distress score. Independent predictors of interest in disease-modifying research included only younger age and white race. CONCLUSIONS: Screening questions may be useful in identifying patients who are willing to be recruited for research. However, further study is needed to evaluate this process in other populations, as well as to determine whether screening questions introduce selection bias in the recruitment process. PMID: 12712490 [PubMed - indexed for MEDLINE]

Cleve Clin J Med 2003 Apr;70(4):289, 293, 296-8 passim

Comment in:

Cleve Clin J Med. 2003 Apr;70(4):283, 287-8.

Physician cultural competence: cross-cultural communication improves care.

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Cross-cultural communication is a skill worth learning. For the busy clinician, using this skill during the patient encounter will enhance the quality of care by improving the doctor-patient relationship, and will perhaps even increase the efficiency of the encounter.

PMID: 12701983 [PubMed - indexed for MEDLINE]

Cleve Clin J Med 2003 Apr;70(4):283, 287-8

Comment on:

Cleve Clin J Med. 2003 Apr;70(4):289, 293, 296-8 passim.

Culture, race, and disparities in health care.

Modlin CS.

Publication Types:

Comment

Editorial

PMID: 12701982 [PubMed - indexed for MEDLINE]

Clin Excell Nurse Pract 1998 May;2(3):183-7

Health promotion as empowerment: suggestions for changing the balance of power.

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Healthcare in the 1990s demands an actively involved patient. This article explores oppression theory and its relevance to primary care practice.

Specifically, it analyzes the impact of the domination of the medical model on patients and nurses and suggests a process to empower both through "liberating education." Nurse practitioners (NPs) are advised to review issues of control and power in their relationships with patients in order to empower them and help them find their voice. To do this, NPs need to analyze and explore their own experiences with powerlessness and how these impact their practice. Implications for the education of future NPs are also discussed.

Publication Types:

Review

Review, Tutorial

PMID: 12675089 [PubMed - indexed for MEDLINE]

Clin J Oncol Nurs 2003;7(2 Suppl):9-13

The advocacy needs of patients with cancer and cancer survivors.

Gomez EG, McHale M.

PMID: 12703093 [PubMed - indexed for MEDLINE]

Contemp Longterm Care 2003 Apr;26(4):39

Greater expectations. Internet access is no longer a luxury for seniors--it's an expectation they want you to fulfill.

Brunk B.

berry@senior-center.com

PMID: 12698899 [PubMed - indexed for MEDLINE]

Health Aff (Millwood) 2003 Mar-Apr;22(2):95-101

Consumers and quality-driven health care: a call to action.

Shaller D, Sofaer S, Findlay SD, Hibbard JH, Lansky D, Delbanco S.

School of Public Affairs, Baruch College, City University of New York, USA.

A key strategy for driving improvements in health care quality is providing comparative quality information to consumers. This strategy will not work, and could even be counterproductive, unless (1) consumers are convinced that quality problems are real and consequential and that quality can be improved; (2) purchasers and policymakers make sure that quality reporting is standardized and universal; (3) consumers are given quality information that is relevant and easy to understand and use; (4) the dissemination of quality information is improved; and (5) purchasers reward quality improvements and providers create the information and organizational infrastructure to achieve them.

PMID: 12674411 [PubMed - indexed for MEDLINE]

Healthc Exec 2003 May-Jun;18(3):94-5

Patient satisfaction with the outpatient experience. How does your organization measure up?

Press I.

Press Ganey Associates, 404 Columbia Pl., South Bend, IN 46601, USA.

PMID: 12737110 [PubMed - indexed for MEDLINE]

Healthcare Benchmarks Qual Improv 2003 Apr;10(4):40-2

'Making it personal' improves patient care.

Health care staff "deliver care to the heart and soul of the patient."

Elderly,

chronically ill patients targeted for the "Living History" program. Creating connections benefits caregivers as well as patients.

PMID: 12701453 [PubMed - indexed for MEDLINE]

Holist Nurs Pract 2003 Mar-Apr;17(2):99-109

The nurse-client relationship in a stress management clinic.

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The methodological perspective of symbolic interactionism and interpretive research emphasizes the complexity and importance of the nurse-client relationship. In a nurse-managed stress management clinic, 18 clients were interviewed at various points during their treatment trajectory, along with 6 clinicians. Clients and providers were emphatic about the importance of a broad, holistic perspective. Spiritual aspects were discussed, but not prominently. Status differential was minimized; however, this did not make participants define the relationship as less professional. The importance of trust was a key element in the nurse-client relationship.

PMID: 12701997 [PubMed - indexed for MEDLINE]

Home Health Care Serv Q 2002;21(3-4):89-106

Factors related to client satisfaction with community-based respite services.

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The goal of this study was to identify factors related to client satisfaction with respite services. Data were analyzed from interviews with 1183 family caregivers participating in the AoA Demonstration Grants to States program. Two groups of potential explanatory variables were examined: (1) characteristics of client families, and (2) caregivers' perceptions of service delivery. Separate regression models were estimated for users of in-home respite and adult day care. Factors related to satisfaction with in-home respite included elder's ADL, ethnicity, caregivers' expectations for what the respite worker would and would not do, access to services, and the amount of red tape. Factors related to satisfaction with adult day care included the caregiver's age and health, ethnicity, caregivers' expectations for what the respite worker would and would not do, access to services, and the amount of red tape. Differences between the models are discussed in the context of how providers can improve client satisfaction with respite services.

PMID: 12665073 [PubMed - indexed for MEDLINE]

Hosp Health Netw 2003 Apr;77(4):28-36, 38-40, 1  
Consumer confusion.

Runy LA, Towne J, Hoppszallern S, Solovy A.

Predictions of the rise of a take-charge health care consumer have proved premature. Opinion polls and data paint a confusing portrait of a consumer who wants quality care at discount prices, but who doesn't know how the system works, what it costs or what his or her role is. When will this super consumer emerge, and will the industry change as a result?

PMID: 12735178 [PubMed - indexed for MEDLINE]

Hosp Peer Rev 2003 Apr;28(4):57, 59-60  
Using customer concerns to improve quality. Part 1.  
Spath P.

Brown-Spath & Associates Forest Grove, OR, USA.

PMID: 12683096 [PubMed - indexed for MEDLINE]

Hosp Q 2002 Winter;6(2):32  
A public preference for home care.  
Guy D.

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PMID: 12737025 [PubMed - indexed for MEDLINE]

Internet Healthc Strateg 2003 Mar;5(3):8  
Improving healthcare through patient education, patient relationship management.  
Wilson-Steele G.

PMID: 12687987 [PubMed - indexed for MEDLINE]

Internet Healthc Strateg 2003 Feb;5(2):9-11  
Meeting consumers' needs.  
PMID: 12674075 [PubMed - indexed for MEDLINE]

J Am Pharm Assoc (Wash) 2003 Mar-Apr;43(2):264-6  
Effects of group education on patient satisfaction, knowledge gained, and cost-efficiency in an anticoagulation center.

Singla DL, Jasser G, Wilson R.

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PMID: 12688442 [PubMed - indexed for MEDLINE]

J Am Pharm Assoc (Wash) 2003 Mar-Apr;43(2):185-90

The Asheville Project: participants' perceptions of factors contributing to the success of a patient self-management diabetes program.

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OBJECTIVE: To ascertain patients', providers', and managers' perceptions of the factors that contributed to the success of the Asheville Project. DESIGN: One-time focus groups of patients and diabetes care providers and individual interviews with managers involved in the project. SETTING: The City of Asheville and Mission-St. Joseph's Health System (MSJ), Asheville, N.C. PATIENTS AND OTHER PARTICIPANTS: Twenty-one patients with diabetes who were employees of the two self-insured employers participating in the Asheville Project; four specially trained pharmacists who provided diabetes-related pharmaceutical care and one diabetes educator, all of whom received reimbursement for their services; six managers employed by the City of Asheville or MSJ who were involved in the project. INTERVENTION: A trained facilitator conducted four focus groups and six manager interviews in September 2001. Each session lasted 60 to 90 minutes, and the facilitator used a standard list of open-ended questions. The focus group sessions were recorded for subsequent analysis. MAIN OUTCOME MEASURES: Perceptions of focus group participants and managers of how the Asheville Project enabled patients with diabetes to become more responsible and successful in self-managing their condition. RESULTS: Focus group participants and managers were enthusiastic about their experiences with the project. Patients valued the relationships they established with their pharmacist or diabetes educator; as a result of these providers' support, patients felt more in control of their lives and were healthier. The waived co-payments for diabetes medications and related supplies was the decisive incentive for getting many patients to enroll in the project. For the providers, the project was a source of professional growth and satisfaction. Managers felt the project helped them fulfill their health care responsibilities to their employees, reduced overall costs, enhanced their organizations' reputations in health care delivery, and resulted in less absenteeism. CONCLUSION: Patients, providers, and managers in the Asheville Project believed that aligned incentives and community-based resources that provide health care services to patients with diabetes offer a practical, patient-empowering, and cost-effective solution to escalating health care costs. PMID: 12688436 [PubMed - indexed for MEDLINE]

J Clin Oncol 2003 Apr 15;21(8):1492-7

Cancer patients seeking a second surgical opinion: results of a study on motives, needs, and expectations.

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PURPOSE: To explore the sociodemographic and clinical characteristics of cancer patients seeking a second-opinion consultation and to analyze their second opinion-related motives, needs, and expectations. PATIENTS AND METHODS: In 212 consecutive patients seeking a second opinion at the Surgical Oncology Outpatient Clinic, satisfaction with the first specialist, motivation for the second opinion, need for information, preference for decision participation, and hope for and expectation of a different second opinion were assessed with a questionnaire. RESULTS: The mean age was 53 years. Most patients were women (82%), of whom 76% were diagnosed with breast cancer. Half of the patients (51%) had a low educational level. The majority of patients (62%) only had internal motives for second-opinion seeking associated with the need for reassurance and more certainty, whereas a substantial minority of patients (38%) also had



external motives related to negative experiences or unfulfilled needs. The externally motivated patients had a higher anxiety disposition, were less satisfied with their first specialist, preferred a more active role in medical decision making, and more often hoped for and expected a different second opinion. CONCLUSION: Motives for second-opinion consultations differ greatly. Understanding the difference between internal and external motivation is necessary to develop strategies to prevent unnecessary second-opinion seeking. Additional studies are warranted to evaluate the objective and subjective outcomes of second-opinion consultations.  
PMID: 12697872 [PubMed - indexed for MEDLINE]

J Clin Psychiatry 2003 Mar;64(3):277-81

Attitudes of patients with schizophrenia toward placebo-controlled clinical trials.

Hummer M, Holzmeister R, Kemmler G, Eder U, Hofer A, Kurzthaler I, Oehl M, Weiss E, Fleischhacker WW.

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BACKGROUND: Despite the fact that the efficacy of antipsychotic treatment in patients with schizophrenia has been demonstrated in numerous double-blind studies, placebo-controlled studies are still commonly performed. Although much is known about the opinions of professionals concerning this issue, so far nothing is known about the opinions of patients who are most affected by the realization of placebo-controlled clinical trials. METHOD: In a cross-sectional study from June 2000 to January 2001, 100 inpatients and outpatients with ICD-10 schizophrenia or schizophreniform disorder were investigated by using a questionnaire specifically developed to survey patients' attitudes concerning possible participation in placebo-controlled clinical trials. Psychopathology and side effects were physician-rated. RESULTS: 56% of patients would not be willing to participate in a placebo-controlled clinical trial. On the other hand, only about 16% of the patients are against clinical trials in principle. Gender, treatment, severity of psychopathology (Positive and Negative Syndrome Scale), adverse events (UKU Side Effect Rating Scale), and attitude toward medication (Drug Attitude Inventory) had no statistically significant influence on the decision. Most of the patients (76%) stated that they would not lose trust in their physician if asked to participate in a placebo-controlled clinical trial. CONCLUSION: The opinions and fears of patients who are most affected by the debate need to be considered when deciding whether a placebo-controlled clinical trial is necessary.

PMID: 12716268 [PubMed - indexed for MEDLINE]

J Cult Divers 2002 Winter;9(4):108-12

Relationships among patient satisfaction, intent to return, and intent to recommend services provided by an academic nursing center.

Hill MH, Doddato T.

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Patient satisfaction is an indicator and component of high quality care and service and the viability of academic nursing centers is dependent on patients' return visits and new patients' visits. The major purpose of this study was to determine patients' satisfaction with the quality of health care services provided by an academic nursing center. A secondary purpose was to determine the relationships among patient satisfaction, intent to return, and intent to recommend services. The study consisted of a convenience sample of 107 adult patients who responded to an investigator generated patient satisfaction survey. Findings indicated that 94 (87.8%) of the patients were satisfied. Stepwise

regression analysis identified treatment with respect, the rating of care received, and the helpfulness of the person at the front desk as the strongest predictors of patient satisfaction. Correlation analysis revealed that patient satisfaction is highly correlated with intent to return and intent to recommend services ( $p < .01$ ).

PMID: 12674887 [PubMed - indexed for MEDLINE]

J Natl Cancer Inst 2003 Apr 16;95(8):581-7

Comment in:

J Natl Cancer Inst. 2003 Apr 16;95(8):570-1.

Helping patients make informed choices: a randomized trial of a decision aid for adjuvant chemotherapy in lymph node-negative breast cancer.

Whelan T, Sawka C, Levine M, Gafni A, Reyno L, Willan A, Julian J, Dent S, Abu-Zahra H, Chouinard E, Tozer R, Pritchard K, Bodendorfer I.

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**BACKGROUND:** In recent years, patients have indicated a desire for more information about their disease and to be involved in making decisions about their care. We developed an aid called the Decision Board to help clinicians inform patients with lymph node-negative breast cancer of the risks and benefits of adjuvant chemotherapy. We determined whether adding the Decision Board to the medical consultation improved patient knowledge and satisfaction compared with the medical consultation alone. **METHODS:** Between October 1995 and March 2000, 176 women with lymph node-negative breast cancer who were candidates for adjuvant chemotherapy were randomly assigned to receive the Decision Board plus the medical consultation (83 patients) or the medical consultation alone (93 patients). One week after the consultation, patients completed a questionnaire assessing their knowledge about breast cancer and chemotherapy. Satisfaction with decision making was assessed 1 week and 3, 6, and 12 months after randomization, and differences between groups were analyzed by a repeated measures analysis of variance. All statistical tests were two-sided. **RESULTS:** Patients in the Decision Board arm were better informed about breast cancer and adjuvant chemotherapy than patients in the control arm (mean knowledge score = 80.2 [on a scale of 0-100], 95% confidence interval [CI] = 77.1 to 83.3, and 71.7, 95% CI = 69.0 to 74.4, respectively;  $P < .001$ ). Over the entire study period, satisfaction with decision making was higher for patients in the Decision Board arm than for patients in the control arm ( $P = .032$ ). There was no statistically significant difference between the two groups in the number of patients who chose adjuvant chemotherapy (77% and 70% for patients in the Decision Board arm and those in the control arm, respectively;  $P = .303$ ). **CONCLUSION:** When making decisions regarding adjuvant chemotherapy, patients with

early breast cancer who had been exposed to the Decision Board had better knowledge of the disease and treatment options and greater satisfaction with their decision making than those who received the standard consultation.

**Publication Types:**

Clinical Trial

Randomized Controlled Trial

PMID: 12697850 [PubMed - indexed for MEDLINE]

J Obstet Gynecol Neonatal Nurs 2003 Mar-Apr;32(2):181-9

Herbal therapy use by perimenopausal women.

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OBJECTIVE: Perimenopausal women may be following a trend toward using herbal remedies for their symptoms. Herbal use can affect medical decision making because herbal side effects can mimic medical conditions and herbs can interact with pharmacotherapeutics. Yet, health care providers may not be asking patients about their use of herbals. The purpose of this study was to describe the prevalence of herbal use in a sample of perimenopausal women and to explore disclosure of use to their clinicians. DESIGN: Descriptive survey of herbal use utilizing responses from a questionnaire. SETTING: Health food grocery, located in the southeastern United States. PARTICIPANTS: A convenience sample of 40 women, ages 40 to 65 years. MAIN OUTCOME MEASURES: Menopause symptoms, perceived efficacy of hormone or herbal therapy, herbs used, sources of information about herbs, and discussion with health care providers about herbal use. RESULTS: Two thirds of the women had used herbs for perimenopausal symptoms. Herb users had experienced more menopausal symptoms than nonusers and had more side effects from hormone therapy. Herb users relied on information about herbs from alternative health care providers, whereas nonusers relied on popular media and peers. Overall, less than half were asked by their health care providers about herbal use. Furthermore, nearly half expressed dissatisfaction with the information given by providers about herbs. Although black cohosh was the most frequently used herb, ginseng and ginkgo were perceived to be the most effective. CONCLUSION: Providers need to become informed about herbal therapy for perimenopausal symptoms to tailor care to the needs, preferences, and philosophies of their patients.

PMID: 12685669 [PubMed - indexed for MEDLINE]

J Palliat Med 2002 Dec;5(6):921-4

The patient who doesn't want care.

McKenna S, Quinn TE, Bissell P, Klein RL; 2001 Faculty Scholars of the Program in Palliative Care Education and Practice at Harvard Medical School.

Murray State University, Murray, Kentucky, USA.

PMID: 12685541 [PubMed - indexed for MEDLINE]

J Palliat Med 2002 Dec;5(6):883-94

Coping with terminal illness: the role of hopeful thinking.

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Using Snyder's theory of hope, the role of hope in the process of dying from a terminal illness is discussed. In this theory, hope is defined as the perceived capability to produce workable routes to desired goals (pathways thinking) and the requisite motivation to use those routes (agency thinking). Strategies by which individuals can maintain and even increase hope during the dying process are described, along with interventions to maintain patients' hope. Directions for future research are suggested.

Publication Types:

Review

Review, Tutorial

PMID: 12685535 [PubMed - indexed for MEDLINE]

J Perianesth Nurs 2003 Apr;18(2):118-9

Patients encouraged to "Speak Up".

Saufl NM.

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PMID: 12710005 [PubMed - indexed for MEDLINE]

J Telemed Telecare 2002;8 Suppl 3:S3:33-6

Predicting success: stakeholder readiness for home telecare diabetic support.

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Readiness to adopt a new technology is one factor that contributes to the success of a telehealth programme. Since one goal of telehealth is to improve care, it is appropriate to determine its success through a quality-of-care framework that addresses structure, process and outcome. A qualitative case study of home care in the Calgary Health Region in Alberta set out to understand how clients, nurses, physicians and managers perceived their readiness to use video-visits for home care. Focus groups, home visits, and telephone and face-to-face interviews were used to collect data. Readiness to adopt home telecare was compared between groups, as well as with behaviour predicted in the literature. Differences in perceptions were identified among the four participant groups. Clients and managers identified a higher degree of readiness-clients because of the potential to support independence in their homes and managers because of the potential efficiencies in the system.

PMID: 12661615 [PubMed - indexed for MEDLINE]

J Telemed Telecare 2002;8 Suppl 3:S3:53-5

The clinical achievements of a geriatric telehealth project in its first year.

Saligari J, Flicker L, Loh PK, Maher S, Ramesh P, Goldswain P.

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We performed a feasibility study to test the validity of conducting two standard cognitive assessments via videoconferencing. There was a high correlation between the scores from a face-to-face assessment and those from a videoconference. A second trial was conducted with patients living in a rural community, examined both face to face and via videoconferencing. Again, the validity and reliability of the assessment tools were demonstrated for videoconferencing. The acceptability of the technology to patients and clinicians was also shown. As a result of the trials and at the request of rural participants, geriatric telehealth services are now being provided to a rural aged care assessment team (ACAT) on a fee-for-service basis. The success of this project is reflected in its senior clinical and academic 'champions', the establishment of a dedicated telehealth resource and the development of protocols.

PMID: 12661623 [PubMed - indexed for MEDLINE]

J Women Aging 2003;15(1):3-16

Understanding older women's health care concerns: a qualitative study.

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BACKGROUND: Older women often have different physical and psychological health priorities compared to men, and health systems must strive to extend and improve health care delivery to meet older women's specific health care needs. The goal of this study was to obtain information from older women on how to improve health care services to best support their efforts to age successfully and receive optimal quality health care in later life. METHODS: Focus groups were conducted among women aged 65 or older recruited from the community in the Montreal, Quebec area. A total of 36 women participated. The focus group

sessions were audiotaped, and the transcripts of each session were analyzed for issues and themes emerging from the text. Content analysis using the framework approach was used to explore and understand the experience of the focus group participants. The data from the text were then coded according to the relevant and emergent ideas and concepts. RESULTS: Participants felt that their physical health care needs were being met, but that a number of issues relating to psychological health were inadequately addressed by health care professionals. The importance of feeling validated as active participants in a health care relationship, recognition of fears and anxieties associated with aging, and the need for information-sharing and education were all viewed as important health care priorities for older women. Time and accessibility were identified as the most significant barriers towards receiving optimal health care in later life. INTERPRETATION: The current health care system does not meet the global health care needs of older women. Health care leaders must recognize that success in program development and delivery for older women will require designing clinical programs that address both the physiological and psychosocial requirements of women. Only when women feel that they are being cared for in a comprehensive manner, one that includes attention to physical, psychological and emotional health, are we likely to be delivering health care that optimally promotes successful aging.

PMID: 12678182 [PubMed - indexed for MEDLINE]

Mater Manag Health Care 2003 Mar;12(3):26-30  
Patient satisfaction series, Part III. Sharing a link to safety.  
Neil R.

PMID: 12698731 [PubMed - indexed for MEDLINE]

Med Health Care Philos 2003;6(1):35-44  
In search of 'the good life' for demented elderly.  
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It may seem paradoxical to speak of the 'good life' for demented elderly. Many people consider dementia to be a life-wrecking disease and nursing homes to be terrible places. Still, it is relevant to ask how we can make life as good as possible for demented nursing home residents. This paper explores what three standard philosophical accounts of well-being--subjective preference theory, objectivist theories, and hedonism--have to say about the good life for demented people. It is concluded that the relevant differences between the various philosophical theories manifest themselves not so much in their general account of the substantial content of 'the good life' but in a number of specific controversies. These concern the nature of well-being, the necessity of endorsement by the patient, the value of experience and the need for experiences to be rooted in reality. Moreover, it is argued that further research should pay detailed attention to the process of dementia and to the effects of this process on patients' identities, self-conceptions, capacities, preferences, values and the like, and that a narrative approach which incorporates the factor time may offer a more comprehensive account of the good life for demented elderly.

PMID: 12710562 [PubMed - indexed for MEDLINE]

MGMA Connex 2003 Mar;3(3):28-30  
Oops ... disclosing medical errors and adverse outcomes, establishing dialogue with patients.

Schneck LH.  
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PMID: 12661216 [PubMed - indexed for MEDLINE]

Mod Healthc 2003 Apr 14;33(15):4-5, 15, 1

Whose info is it, anyway? As HIPAA provisions take effect, patients may be surprised by the level confidentiality, intent on exercising new rights.

Morrissey J.

As the long-awaited HIPAA privacy regulations finally take effect this week, the question remains as to just how warmly consumers will respond to the raft of new federal rules governing control of medical information. The adjustment period may be lengthy for these complex regulations, but the new rules certainly will educate patients about their rights as consumers, says consultant Jill Callahan Dennis, left.

PMID: 12723270 [PubMed - indexed for MEDLINE]

Nurs Older People 2003 Apr;15(2):22-6; quiz 27

Cancer and older people.

Cooley C, Coventry G.

Centre for Cancer and Palliative Care, University of Central England, Birmingham.

This article considers some causes of cancer, diagnostic assessments and treatment options, as well as some of the myths surrounding the appropriate care of older people with cancer. It stresses the importance of employing the specialist knowledge of gerontological and cancer professionals in caring for the older person with cancer, and emphasises the central role of the nurse in delivering effective care.

Publication Types:

Review

Review, Tutorial

PMID: 12715573 [PubMed - indexed for MEDLINE]

Occup Environ Med 2003 May;60(5):352-7

Return to work of cancer survivors: a prospective cohort study into the quality of rehabilitation by occupational physicians.

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AIMS: To describe and assess the quality of rehabilitation of cancer survivors by occupational physicians and to relate the quality of the process of occupational rehabilitation to the outcome of return to work. METHODS: One hundred occupational physicians of a cohort of cancer survivors were interviewed about return to work management. Quality of rehabilitation was assessed by means of four indicators that related to performance in knowledge of cancer and treatment, continuity of care, patients complaints, and relations at work. The cohort of patients was prospectively followed for 12 months to assess time to return to work and rate of return to work. Patients' and physicians' satisfaction with care was also assessed. The relation between performance and these outcome measures was studied in a multivariate analysis, taking into account the influence of other work and disease related factors that could potentially predict return to work. RESULTS: For knowledge of cancer and treatment, only 3% had optimal performance because occupational physicians did not communicate with treating physicians. For continuity of care, patient complaints, and relations at work, performance was optimal for 55%, 78%, and 60% of the physicians respectively. After adjustment for other prognostic factors, overall physician's performance (hazard ratio (HR) 0.5, 95% CI 0.3 to 0.8) and



continuity of care (HR 0.5, 95% CI 0.3 to 0.9) were related to the return to work of patients. Overall optimal performance was also related to a small but significant higher level of satisfaction with care, both for patients and physicians. CONCLUSION: Quality of occupational rehabilitation of cancer survivors can be improved substantially, especially with regard to communication between physicians and continuity of care. There is a need for the development of more effective rehabilitation procedures which should be evaluated in a randomised controlled trial.

PMID: 12709521 [PubMed - indexed for MEDLINE]

Outcomes Manag 2003 Apr-Jun;7(2):89

Comment on:

Outcomes Manag. 2002 Jul-Sep;6(3):125-31.

Patient satisfaction questionnaires point the finger at nurses.

Huffstutter AL.

Publication Types:

Comment

Letter

PMID: 12715606 [PubMed - indexed for MEDLINE]

Patient Care Manag 2003 Feb;19(2):7-8

How to create a culture of customer service--a checklist.

Snow D.

snowassociates.com

PMID: 12674082 [PubMed - indexed for MEDLINE]

Perspectives 2002 Winter;26(4):10-4

Care of the body: maintaining dignity and respect.

Bernick L, Nisan C, Higgins M.

Technology has always been part of nursing. The use of technology now, although it is more advanced and sophisticated than technologies of the past, will remain a crucial component of nursing practice. Nursing has the ability to successfully mediate the effects of technology in nursing practice. Regardless of the technological advancements, there are certain elements of practice in nursing, such as bathing, which have not changed in many ways over the years. A reflection on the care of the body, both from a historical perspective and within a caring-healing-health paradigm informs nursing practice. The daily practice of tending to and comforting the patient through preservation of cleanliness requires skilled knowledge and a deliberate choice of action that honours the patient during this sensitive aspect of nursing practice.

Publication Types:

Review

Review, Tutorial

PMID: 12715548 [PubMed - indexed for MEDLINE]

Physician Exec 2003 Mar-Apr;29(2):22-5

Physician incentive plan boosts physician/patient satisfaction. 5-year-old plan at priority health shows success.

Suarez K, Byrne J, Bottles K.

Grand Rapids Medical Education & Research Center for Health Professions, Grand Rapids, Mich., USA.

Physician involvement is crucial to creating a healthy physician incentive program. Look at how one large, Michigan-based managed care organization established their program.

PMID: 12685265 [PubMed - indexed for MEDLINE]

Semin Oncol 2003 Apr;30(2 Suppl 3):27-9

Making treatment choices: a physician's discussion of patients' needs.

Zielinski CC.

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Clinical Division of Oncology, Austria.

Medical treatment decisions in early as well as advanced breast cancer follow established guidelines clearly defined by consensus statements, meta-analyses, and evidence-based insights into the biology of the disease, and treatment efficacy. Nevertheless, to treat patients holistically while remaining mindful of individual characteristics, physicians must consider patients' concerns regarding the course of their disease, their distress, and, in advanced disease, their knowledge of a limited life expectancy when making treatment choices. Such considerations will contribute to a more satisfactory patient-physician relationship and superior quality of life. Copyright 2003 Elsevier Inc. All rights reserved.

PMID: 12722023 [PubMed - indexed for MEDLINE]

Soc Philos Policy 2002 Summer;19(2):83-112

Information(al) matters: bioethics and the boundaries of the public and the private.

Parker LS.

Human Genetics, University of Pittsburgh, USA.

PMID: 12678083 [PubMed - indexed for MEDLINE]

Trustee 2003 Apr;56(4):24-8, 1

Inspiring patient loyalty, not satisfaction.

Lee F.

Fred Lee & Associates Inc., Altamonte Springs, Fla., USA.

The distinction between loyalty and satisfaction is a significant one that requires staff to go above and beyond what is expected (i.e., satisfaction). In Lee's experience, most stories of patient loyalty have to do with empathy, caring and compassion.

PMID: 12710270 [PubMed - indexed for MEDLINE]

Urol Clin North Am 2003 May;30(2):295-304

Emotional and cognitive burden of prostate cancer.

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The wide-ranging effects of prostate cancer can be an emotional burden to the patient and his family. Recognizing important periods during the diagnosis and treatment that can be particularly stressful, the symptoms indicating patients are at high risk for emotional distress, and the signs and symptoms of emotional distress can encourage improved communication, education, treatment, and referral to minimize the effects of the emotional distress.

Publication Types:

Review

Review, Tutorial

PMID: 12735505 [PubMed - indexed for MEDLINE]